

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 10/07/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 10/09/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	8505	6	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8535	4	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	10	304	294
3404904	WESTERN HIGHLAN	8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	DS LME							
		8800	40	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	279	9157	8878
		10	28	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404910	PATHWAYS	8599	543	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	842	9049	8207
		21	52	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM ENTAL HEALT	8534	72	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8000	22	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	114	3115	3001
		8537	9	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
3404913	MECKLENBURG COM ENTAL HEALT	8505	4561	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1429	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	6733	6779	46
		8534	258	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	96	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	387	1906	1519
		8800	54	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUM AN SERVICES	8599	137	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8534	89	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	337	6570	6233

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	5720	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	629	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	6619	7949	1330
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8534	42	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		79	24	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	86	1349	1263
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	8534	110	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		11	70	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	316	3839	3523
		143	42	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	11	4392	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8534	61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	4522	4976	454
		120	44	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404923	FIVE COUNTY MH	8505	2832	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	146	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3226	3995	769
		11	101	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	10114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	896	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	36	11474	12020	546
		191	69	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	148	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	125	DUPLICATE OF CLAIM-SYSTEM	2	943	6978	6035
		23	116	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M HC	11	143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	15	431	2886	2455
		21	65	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	105	412	307
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404931	WAKE CO HUM SVC BILLING OF	8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	61	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	350	1801	1451
		21	57	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8536	559	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	181	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	963	4197	3234
		11	110	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	8505	491	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1761	3697	1936
		8800	285	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	3411	10	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	16	3658	3642
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404939	EAST CAROLINA B	8599	194	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	171	CLIENT NOT ELIGIBLE ON SERVICE	0	958	9247	8289
				DATE				
		8505	162	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA	11	75	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	66	DETAIL NOT COVERED BY COMBINAT	11	379	3600	3221
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8505	54	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8000	51	NO RATE AVAILABLE ON FILE TO P	2	168	5486	5318
				RICE THIS CLAIM DETAIL				
		8534	49	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404946	FOOTHILLS AREAM	167	1002	NO CHARGE BILLED. ENTER BILLED				
	ENTAL HEALT			AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		79	58	THIS SERVICE IS NOT PAYABLE TO	0	1167	4879	3712
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	39	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				